



## ASBESTOS WORK PERMIT

*This permit must be completed prior to the commencement of any work that will disturb asbestos-containing material. It must be maintained on-site and in place until the work is complete and the area is considered safe. Once complete, the original of this form is to be returned to the Plant Operations Supervisor or equivalent, and a copy is to be maintained by the Safety Officer.*

<b>Project Information:</b>		
<b>Start Date:</b>	<b>Completion Date:</b>	
<b>Division:</b>	<b>Department:</b>	
<b>Building:</b>	<b>Location:</b>	
<b>Work Performed by:</b>		<input type="checkbox"/> Contractor <input type="checkbox"/> Staff
<b>Type of Project:</b> <input type="checkbox"/> Emergency Repair <input type="checkbox"/> Maintenance <input type="checkbox"/> Encapsulation		
<b>Description of Work:</b>		

<b>Names of Workers:</b>	<b>Certification Verified?</b>	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Precautions:</b>		
Asbestos work area signage posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Protective Equipment in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Airborne concentration monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior notification given to people in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Additional Precautions:</b>		

<b>Follow up:</b>		
Work area properly cleaned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contaminated materials properly bagged and weighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriate bags and marked containers used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Comments:</b>		



## ASBESTOS WORK PERMIT

Who was notified?		
State	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Federal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landfill Operator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contract Trash Hauler		

The work area has been examined; necessary precautions are being taken and work may proceed.

	SIGNATURE:	PRINT NAME:
Work Supervisor:		
Plant Operations Supervisor:		
Safety Officer:		
Project Rep. (if applicable)		

If more voluntary information is to be provided, continue below:

--